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TRANSMITTAL
FORM

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NEK
4/12/04

Total Number of Pages in This Submission

18

Application Number:	09/966,551
Filing Date	September 26, 2001
First Named Inventor	B. Sanders
Art Unit	3644
Examiner Name	T. Dinh

Attorney Docket Number

26272/04003

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> - Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	24024
Signature	<i>Brian E. Kondas</i>
Date	April 12, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Brian E. Kondas	
Signature	<i>Brian E. Kondas</i>	Date April 12, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form, and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/06 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032
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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 26272/04003			
CLAIMS AS FILED - PART I					SMALL ENTITY			
(Column 1) (Column 2)					OR OTHER THAN SMALL ENTITY			
FOR		NUMBER FILED		NUMBER EXTRA		RATE FEE		
BASIC FEE (37 CFR 1.16(a))						\$ 355		
TOTAL CLAIMS (37 CFR 1.16(c))		11 minus 20 =		* 0		x \$ 9 = 0		
INDEPENDENT CLAIMS (37 CFR 1.16(b))		1 minus 3 =		* 0		x 40 = 0		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ = 0		TOTAL 355	
* If the difference in column 1 is less than zero, enter "0" in column 2								
CLAIMS AS AMENDED - PART II					SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
(Column 1) (Column 2) (Column 3)					OR		ADDITIONAL FEE	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	
	Total (37 CFR 1.16(c))	* 16	Minus	** 20	= 0	x \$ 9 =	0	
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0	x 42 =	0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ = 0		TOTAL 0	
(Column 1) (Column 2) (Column 3)					ADDITIONAL FEE		ADDITIONAL FEE	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	
	Total (37 CFR 1.16(c))	* 24(25)	Minus	** 20	= 4 (5)	x \$ 9 =	36	
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0	x 43 =	0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ = 0		TOTAL 36	
(Column 1) (Column 2) (Column 3)					ADDITIONAL FEE		ADDITIONAL FEE	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	
	Total (37 CFR 1.16(c))	* 25	Minus	** 24	= 1	x \$ 9 =	9	
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0	x 43 =	0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ = 0		TOTAL 9	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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